

**Provider Type 38 Home and Community Based Waiver
Mental Retardation Servicees
Reimbursement Rates**

Updated: January 13, 2015

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Procedure Code	Description	Mod	Rate
96152	INTERVENTION HEALTH/BEHAVIOR -INDIVIDUAL	HN	\$ 18.46
96152	INTERVENTION HEALTH/BEHAVIOR -INDIVIDUAL	HO	\$ 21.23
S0281	COMPREHENSIVE COMMUNITY SUPPORT		\$ 9.18
S5190	COUNSELING-GROUP		\$ 25.57
S5190	COUNSELING-INDIVIDUAL	U1	\$ 6.39
S9123	NURSING CARE IN HOME RN, URBAN-Per Hour		\$ 36.73
S9123	NURSING CARE IN HOME RN, URBAN HOLIDAY-Per Hour	TV	\$ 55.10
S9123	NURSING CARE IN HOME RN, RURAL HOLIDAY-Per Hour	U1	\$ 64.28
S9123	NURSING CARE IN HOME RN, RURAL-Per Hour	U2	\$ 42.85
S9124	NURSING CARE, IN THE HOME LPN, URBAN-Per Hour		\$ 27.28
S9124	NURSING CARE, IN THE HOME LPN , URBAN HOLIDAY-Per Hour	TV	\$ 40.92
S9124	NURSING CARE, IN THE HOME LPN, RURAL HOLIDAY-Per Hour	U1	\$ 47.76
S9124	NURSING CARE, IN THE HOME LPN, RURAL-Per Hour	U2	\$ 31.84
S9470	NUTRITIONAL COUNSELING, DIET-Per Hour		\$ 56.10
S9470	NUTRITIONAL COUNSELING, DIET-Per Hour	TN	\$ 65.45
T1003	DIRECT SKILLED NURSING SERVICES BY LPN, RURAL-15 min	TN	\$ 10.32
T1003	DIRECT SKILLED NURSING SERVICES BY LPN, RURAL HOLIDAY-15 min	U1	\$ 15.48
T1003	DIRECT SKILLED NURSING SERVICES BY LPN, URBAN-15 min		\$ 8.84
T1003	DIRECT SKILLED NURSING SERVICES BY LPN, URBAN HOLIDAY15 min	TV	\$ 13.26
T2003	NON EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP		\$ 50.00
T2014	HABILITATION, PREVOCATIONAL WAIVER, PER DIEM		\$ 153.53
T2017	HABILITATION,RESIDENTIAL WAIVER (DIRECT SERVICE) 15 MIN		\$ 6.25
T2017	HABILITATION,RESIDENTIAL WAIVER (NIGHT SERVICES) 15 MIN	UJ	\$ 3.12
T2018	HABILITATION, SUPPORTED EMPLOYMENT WAIVER/ PER DIEM		\$ 153.53
T2020	DAY HABILITATION WAIVER PER DIEM		\$ 153.53
T2024	NURSING ASSESSMENT/EVALUATION		\$ 128.68